

**UTAH SPORTS AUTHORITY
PETE SUAZO UTAH ATHLETIC COMMISSION (PSUAC)
GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT
APPLICATION FOR LICENSURE**

PROMOTER

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The PSUAC desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Commission will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Commission will be sent to that address. It is your responsibility to directly notify the Commission of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Annotated, which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. In order to prove financial responsibility, as required by Subsection 63C-11-308(4)(c), applicants for licensure must submit Federal Tax Returns for the past two years and a Statement of Assets listing all assets, both tangible and intangible.
2. Submit five character references from individuals who have known you for five years or more. Do not include relatives, present employer, or employees.
3. Submit a "Request for Verification of License" form from each and every state in which you have ever been licensed in a regulated occupation or profession.
4. Submit the \$100 non-refundable application-processing fee for a contest promoter license.
5. As required by Subsection 63C-11-308(4)(e), applicants for licensure must submit to the Commission a written acknowledgement of receipt, understanding, and intent to comply with the laws and rules pertaining to Professional Boxing in the State of Utah.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to unarmed combat.

The following applicable laws and rules are available on the Internet at:

<http://www.rules.utah.gov/publicat/code/r859/r859.htm>.

<http://le.utah.gov/~code/TITLE63C/63C08.htm>

You may also purchase the laws and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- Pete Suazo Utah Athletic Commission Act (UCA, Title 63, Chapter 11)
- Pete Suazo Utah Athletic Commission Act Rules (R859)

2. **License Renewal:** The Promoter License is for a two-year period and expires December 31 of the even year.
3. **Updating Address Information:** It is the licensee's responsibility to maintain a current address with the Commission. If your address is incorrect, you will not receive renewal notices or other correspondence.

Make Licensure Fees Payable To:

Pete Suazo Utah Athletic Commission

Mail Complete Application To:

Pete Suazo Utah Athletic Commission
324 South State Street, Suite 500
Salt Lake City, Utah 84111

Telephone Numbers: (801) 538-8876

Fax Number: (801) 538-8888

APPLICATION FOR PROMOTER LICENSE

GENERAL INFORMATION

Company: _____

Address of Company:

Street: _____

City: _____ State: _____ Zip: _____

License/Certificate/Registration Applying For: _____

Contact Person: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Social Security Number: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

Business Address:

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____

Email: _____

DO NOT WRITE IN THIS SECTION – FOR COMMISSION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason for Denial/Other Comments: _____

PROMOTER QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. All blanks must be filled in.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever had a license, certificate, permit, or registration to practice in a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
3. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any licensing agency, or criminal or administrative jurisdiction?
4. _____ Is any disciplinary action pending against you now by any licensing agency?
5. _____ Has a criminal indictment, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?
6. _____ Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant other than a divorce?
7. _____ Have you ever been arrested for, charged with, pled guilty or not contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.
8. _____ Within the past six months, have you used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substance Act?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, additional documentation may be requested by the Commission if the information is insufficient.

Name: _____ Signature: _____ Date: _____

APPLICATION FOR:

_____ **Promoter**

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: _____

Issuing State: _____

Profession: _____

License Number: _____

Effective Date: _____

Name: _____ Signature: _____ Date: _____

EMPLOYMENT: Beginning with your current employment, list your work history for the previous five years. Include corporations, partnerships, or other business ventures with which you have been associated as an officer, director, stockholder, or other related capacity.

Company Name: _____

Phone: _____ Dates of Employment: From _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Duties: _____

Company Name: _____

Phone: _____ Dates of Employment: From _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Duties: _____

Company Name: _____

Phone: _____ Dates of Employment: From _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Duties: _____

Company Name: _____

Phone: _____ Dates of Employment: From _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Duties: _____

AFFIDAVIT AND RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting documentation is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting documentation is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Commission in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Commission or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Pete Suazo Utah Athletic Commission, State of Utah, any files, records, or information of any type reasonably required for the Commission to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____